



Presentation Agenda

- Overview of the Fund
- Review the uncompensated care application
- Medicaid claims submission process
- Review on-call applications
- Audit review process
- Question & answer session

Overview

- In June 2003, Governor Robert Ehrlich signed Senate Bill 479, Maryland Trauma Physician Services Fund ("Fund") into law
- Only trauma patients whose trauma services are documented in the Maryland Trauma Registry are included in the Maryland Trauma Physician Services Fund
- The Maryland Trauma Physician Services Fund is financed through a \$5 surcharge added to the 2-year vehicle registration renewal fees

Overview

(continued)

- Trauma physicians are defined as trauma surgeons, orthopedic surgeons, neurosurgeons, critical care physicians, and anesthesiologists
- Physicians practicing emergency medicine are also eligible for *limited* reimbursement for trauma services provided to uninsured patients
- Uninsured patients someone without health insurance
 - (HMO, PPO, or indemnity), Medicare Part B coverage, VA health benefits, military health benefits (TriCare & CHAMPUS), Worker's Compensation, or Medicaid (traditional and managed care)

Availability of Funds

 MHCC shall maintain a sufficient balance in the Fund to assure equitable payments

MHCC has the right to adjust the reimbursement formulas used for uncompensated care, Medicaid trauma services, and on-call payments to preserve the distribution of funds

100% of Medicare fee is an upper threshold

Three Broad Categories

- Uncompensated Care Reimbursement for services provided to patients without health insurance
- Medicaid Claims Increased reimbursement rates to Maryland Medical Assistance Program enrollees
- On-call costs Reimburses trauma centers for maintaining trauma physicians on call

Fund Disbursement

- Uncompensated care applications are paid based upon a semi-annual review on a calendar year basis
- Medicaid claims are paid on an ongoing basis
- On-call applications are paid based upon a center's semi-annual and fiscal year end



Implementation Date

October 1, 2003:

Trauma physicians who provide trauma services to uncompensated care patients listed on the Maryland Trauma Registry

Reimbursement Method

 Up to 100 percent of the current Medicare facility-based rate for a service in the Baltimore carrier locality area

Less any amount paid by the patient or other third party payers (non-health insurers) such as auto insurance, attorneys, or collection agencies

Uncompensated Care Application Elements

General Information

- Application cycle
- Physician name, practice, or center
- Report contact
- Trauma center where care is provided

Uncompensated Care Application Elements

Table 1 – Physician Information

- Trauma physician name, tax identification number, and specialty
 - Trailing questions: Number of cases and amount forwarded to collection agency? Number of cases and amount of uncompensated care?

Table 2 - Patient Information

 Patient name, facility ID, trauma registry number, Medicaid eligible, social security number, start of service, discharge date, date determined non-collectable, total payment received

Uncompensated Care Application Elements

Table 3 – Service Information

 Trauma registry number, trauma physician referral number, ICD-9/E-Codes, CPT/HCPCS Code, procedure code modifier, total payment received, and number of units

Other Required Information

- Accounts receivable amounts (limited to trauma patients)
- Remit to address
- Verification of physician uncompensated care losses attestation

Uncompensated Care Application *Elements* (continued)

Additional Items

- Glossary of terms
- Appendix A

Facility Identification Numbers

Preferred Application Order Bundling Approach

MHCC preferred order for application receipt:

- 1. Faculty Practice Plan
- 2. Physician Practice
- 3. Trauma center on behalf of its trauma physicians
- 4. Trauma physician

When To Submit An Application

- After exhausting all established collection efforts using the physician's documented collection policies and procedures
- Applications for services provided after September 30th can initially be submitted:
 - April 30, 2004
 - July 31, 2004

Emergency Room Physician Participation Limited

- Can only receive reimbursement for care provided to uncompensated care patients
- Not eligible for the Medicaid differential payment
- Total payments to emergency physicians (as a specialty)
 may not exceed \$250,000 annually

Appeal Process

- A written request for an appeal & supporting documentation must be received by MHCC within 15 days of notification of denial or partial denial issue date
- MHCC & HSCRC will evaluate the merits of a request for an appeal
- Decisions are final

Maryland Medical Assistance Program

Medicaid

- Includes services provided by a managed care organization (MCOs) under the State waiver program
- Trauma physicians can receive payment for services provided to Medicaid trauma patients beginning
 December 1, 2003
- Payments will be made directly by Medicaid or designated MCO

Covered Services

- Trauma services must be rendered only to patients on the Maryland Trauma Registry
- A patient must have an ICD-9-CM diagnosis code between 800.00 – 959.9
- If a diagnosis code does not fall between 800.0 959.9, patients must have a supplementary classification of external causes of injury and poisoning between E800 – E999

Medicaid Reimbursement

- A trauma physician providing care to Medicaid trauma patients during the service period shall be reimbursed
 - At the greater of the Medicaid routine payment rate or
 - Up to 100 percent of the current Medicare facilitybased payment rate in the Baltimore carrier locality area

Medicaid Billing *The Process*

- Medicaid will accept paper or electronic submissions
- A trauma center's identification number and the patients trauma registry number must be combined in block 23 of the CMS1500
 - 8-digit number located in the prior authorization number field
 - ID number consists of the last 2 digits of the trauma center identification number
 - Trauma registry number consists of the 6 digit trauma registry number from the trauma center where care was provided
 - For trauma registry numbers less than six digits, place zeros in front of the number until you have a 6-digit number

Medicaid Billing The Process (continued)

- Medicaid will only reimburse at the increased rates for trauma services rendered during the initial admission or trauma center visit and the resulting acute care stay, not for subsequent follow-up services
- All claims with a modifier of "U1" will be subject to routine Medicaid post-payment audits

Medicaid Billing The Process (continued)

- Place of service codes 21 (inpatient) or 23 (emergency room) must be reported in Block 24b (place of service field)
- The modifier "U1" must be reported in block 24D (modifier field)
- The Medicaid provider number of the hospital where the trauma center is located must be reported in block 32 (the facility identification field)



Trauma Centers Eligible for On-Call Costs

Only Level II and III trauma centers are eligible for on-call costs:

Level II

- The Johns Hopkins Bayview Medical Center
- Prince George's Hospital Center
- Suburban Hospital
- Sinai Hospital of Baltimore

Level III

- Washington County Hospital
- Peninsula Regional Medical Center
- Western Maryland Health System, Memorial Hospital

Level II Trauma Centers

- Reimbursed at the lesser of what the trauma center actually paid in on-call stipends or up to 20 percent of the Medicare reasonable cost equivalents hourly rate for that specialty
- Payments inflated to the current year using the Medicare Economic Index
- Physicians included are anesthesiologists, neurosurgeons, and orthopedists, and trauma surgeons

Level III Trauma Centers

- Reimbursed at the lesser of what the trauma center actually paid in on-call stipends or up to 30 percent of the Medicare reasonable cost equivalents hourly rate for that specialty
- Payments are inflated to the current year using the Medicare Economic Index
- Physicians included are anesthesiologists, neurosurgeons, and orthopedists, and trauma surgeons

On-Call Applications *Elements*

General Information

- Time period of the report
- Trauma center name
- Report contact person
- Trauma center level designation

Table 1

 Trauma physician's name, tax identification number, hours on-call, net on-call costs, trauma physician specialty

On-Call Applications Elements (continued)

Table 2

 Specialty, net on-call costs, number of physicians on-call, total on-call hours

Other Required Information

- Remit to address
- Verification of on-call trauma services attestation

When To Submit An Application

- Due by April 30, 2004 for on-call costs from October 1, 2003 through March 31, 2004
- Due by July 31, 2004 for on-call costs from April 1, 2004
 through June 30, 2004
- Subsequent applications due within 30 days of the fiscal year - semi-annual and annual end date

Appeal Process

- A written request for an appeal & supporting documentation must be received by MHCC within 15 days of notification of denial or partial denial issue date
- MHCC & HSCRC will evaluate the merits of a request for an appeal
- Decisions are final

Trauma Fund Audits

Audits By MHCC Likely

- Faculty practice plans
- Physician practice plans
- Level II & Level III trauma centers

Audit Process

- MHCC audits will be conducted using an independent auditing firm selected through an RFP process
- Random audits beginning June 2004
- Written notification will be sent to selected practitioners & centers

Audit Process

(continued)

- On-site auditor will request supporting documentation
- Discrepancies identified as part of the audit will be reviewed
- Adjustments possible

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Questions?